Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09-24-2010</u>	Address:	201 S. RA <u>NDOLPH ST</u>
Case #:	22F46384		GARRETT, IN.
County:	<u>DEKALB</u>		46730 PARKING LOT
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other: PARKING LOT
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): CAR			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: <u>CAR</u>			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: CAR			
Corrosive Base: <u>CAR</u>			
Other (item and location):		
Yes _	er age 18 discovered (check one) (number present) eport to Child Protective Services	☐ Ephedrin ☐ Retail/M	<u>e Information</u> ne/Pseudoephedrine Tracking Log erchant Tip EKALB SHERIFF
This report is to be faxed to the following agencies that serve the location:			
Fire Depar	tment: GARRETT FD	Fax: <u>E-M</u>	
Health Dep	partment: <u>DEKALB CO</u>	Fax: <u>E-M</u> é Fax:	
Child Prote	ection Service:		_
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>ANDREW SMITH</u> Phone <u>260-432-8661</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case life, and a copy sent to the Claudestine Laboratory Team Leader for retention.